

Case Number:	CM14-0128327		
Date Assigned:	08/15/2014	Date of Injury:	09/27/2004
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of September 27, 2004. Medical records from 2014 were reviewed, which showed that the patient complained of radiating low back pain with numbness and tingling. This pain was aggravated by walking and sitting and was alleviated by medications and frequent position changes. Pain was reported at 8/10 with medication use. With the medication, the patient was able to stand and walk longer without severe pain. Patient also reported constipation. Physical examination revealed normal muscle tone without atrophy in all extremities. Treatment to date has included twelve acupuncture sessions and medications. Medication regiment included Metamucil, Senokot-S, docusate sodium, Colace, morphine sulfate, tizanidine, topiramate, Abilify, Cymbalta, and Geodon.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Morphine Sulfate ER 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking morphine sulfate for pain since at least June 6, 2014. It is unknown if the patient had taken this medication earlier than that because of the limited records provided. The records indicate that the patient benefits from this medication in terms of improvement in functionality. However, it is not clear if the patient benefits in terms of pain reduction because he still feels 8/10 pain even with the medication. Moreover, the patient was also reported to have constipation and based from the three kinds of anti-constipation medications that he was taking, it seems that the constipation is severe. Finally, there is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Morphine Sulfate ER 30mg #120 is not medically necessary.

Metamucil powder #8 oz with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, OPIOIDS, INITIATING THERAPY Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Metamucil contains psyllium, a bulk-forming fiber laxative attributed to the presence of soluble fiber. In this case, the patient was on ongoing opioid treatment and was experiencing constipation. However, there was no discussion concerning the need for multiple medications for constipation in this case. Furthermore, the request for Morphine sulfate was not certified. Therefore, the request for Metamucil powder #8 oz with 3 refills is not medically necessary.